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Aysha J. Shaikh

(Depositor's name)

(Signature)

November 19, 2004

(Date)

11/26/2004 MMEKONE1 00000139 10613305

01 FC:1501 1370.00 OP
02 FC:1504 300.00 OP
03 FC:1504 700.00 OP

INVENTION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,305	07/02/2003	Christian N. Mohr	501334.01	4308

TITLE OF INVENTION: REDUCED POWER REDUNDANCY ADDRESS DECODER AND COMPARISON CIRCUIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, DANG T	2824	365-200000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dorsey & Whitney LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Micron Technology, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

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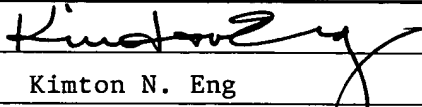
☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached. any deficiencies of☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-1266 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

November 19, 2004

Typed or printed name

Kimton N. Eng

Registration No.

43,605

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